

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101558437

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
10	1					
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50						
TOTAL IND.	4					
TOTAL DEP.	16	↔	↔	↔	↔	↔
TOTAL CLAIMS	20	↔	↔	↔	↔	↔

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
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98						
99						
100						
TOTAL IND.					↔	↔
TOTAL DEP.					↔	↔
TOTAL CLAIMS					↔	↔